1755 NORTH BARKER ROAD			
BROOKFI ELD 53045 Phone: (262) 821-3939)	Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	105	Average Daily Census:	107
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Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years	15. 2
Day Services	Yes	Mental Illness (Org./Psy)	41.0	65 - 74	6.7		
Respite Care	Yes	Mental Illness (Other)	6. 7	75 - 84	30. 5	i e	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	47. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 9	95 & 0ver	11. 4	Full-Time Equivalen	
Congregate Meals	No	Cancer	3. 8	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No i	Fractures	4.8	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	25. 7	65 & 0ver	96. 2		
Transportati on	No	Cerebrovascul ar	9. 5	'		RNs	9. 9
Referral Service	No	Di abetes	3.8	Sex	% j	LPNs	12. 4
Other Services	No	Respi ratory	2. 9		Ì	Nursing Assistants,	
Provi de Day Programming for	į	Other Medical Conditions	0. 0	Male	23.8	Aides, & Orderlies	37. 6
Mentally Ill	No			Female	76. 2		
Provi de Day Programming for	j		100. 0				
Developmentally Disabled	No			İ	100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			bnaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	2	13. 3	300	2	6. 1	135	0	0. 0	0	3	5. 3	174	0	0. 0	0	0	0. 0	0	7	6. 7
Skilled Care	13	86. 7	340	31	93. 9	116	0	0.0	0	47	82. 5	159	0	0.0	0	0	0.0	0	91	86. 7
Intermedi ate				0	0.0	0	0	0.0	0	7	12. 3	165	0	0.0	0	0	0.0	0	7	6. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	15	100.0		33	100.0		0	0.0		57	100.0		0	0.0		0	0.0		105	100. 0

CARE- AGE OF BROOKFIELD

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Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Conditions,	Servi ces,	and Activities as of 12/3	31/01
Deaths During Reporting Period	ļ						
				% Nee	di ng		Total
Percent Admissions from:		Activities of	%	Assi star	ice of	% Totally M	Number of
Private Home/No Home Health	5. 7	Daily Living (ADL)	Independent	One Or Ty	wo Staff	Dependent F	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	0. 0	68.		31. 4	105
Other Nursing Homes	4. 3	Dressing	5. 7	62		31. 4	105
Acute Care Hospitals	82. 0	Transferring	13. 3	60		26. 7	105
Psych. Hosp MR/DD Facilities	0. 9	Toilet Use	10. 5	66		22. 9	105
	0. 5	,	56. 2	26.		17. 1	105
Rehabilitation Hospitals		Eating	JU. &	20.	. / *********	17. 1	103
Other Locations	5. 7		****		* * * **		******
Total Number of Admissions	211	Continence			cial Treatm		%
Percent Discharges To:		Indwelling Or Externa	l Catheter	14. 3 Re	eceiving Re	espi ratory Care	10. 5
Private Home/No Home Health	16.8	Occ/Freq. Incontinent	of Bladder	54. 3 Re	eceiving Tr	racheostomy Care	1. 0
Private Home/With Home Health	8. 7	Occ/Freq. Incontinent	of Bowel		eceiving Su		1. 0
Other Nursing Homes	1.4	i •		Re	eceiving Os	stomy Care	1. 0
Acute Care Hospitals	37. 5	Mobility				ıbe Feedi ng	6. 7
Psych. Hosp MR/DD Facilities	1. 9	Physically Restrained		10. 5 Re	eceiving Me	echanically Altered Diets	
Rehabilitation Hospitals	0. 0	Injercurij neserurneu	-	10.0		committee of the control of the cont	00.0
Other Locations	8. 2	Skin Care		Ot h	ar Rosidont	: Characteristics	
Deaths	25. 5	With Pressure Sores				e Directives	100. 0
	23. 3					Directives	100. 0
Total Number of Discharges	000	With Rashes			ications		00 m
(Including Deaths)	208			Re	eceiving Ps	sychoactive Drugs	66. 7

Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.3 77. 1 1. 26 85.7 1. 13 82.7 1.18 84. 6 1. 15 Current Residents from In-County 57. 1 82.7 0.69 86. 1 0.66 **85**. 3 0.67 77. 0 0.74 Admissions from In-County, Still Residing 12.8 19. 1 0.67 17.5 0.73 21. 2 0.60 20.8 0.61 197.2 Admissions/Average Daily Census 173. 2 1. 14 212. 2 0.93 148. 4 1.33 128. 9 1.53 Discharges/Average Daily Census 194.4 173.8 1. 12 210. 1 0.93 150. 4 1. 29 130.0 1.49 Discharges To Private Residence/Average Daily Census 49.5 71.5 0.69 87. 3 0.57 **58.** 0 0.85 52.8 0.94 Residents Receiving Skilled Care 93. 3 92.8 1.01 93.8 1.00 91.7 1.02 85.3 1.09 Residents Aged 65 and Older 96. 2 86.6 1. 11 94.0 1.02 91.6 87. 5 1. 10 1.05 Title 19 (Medicaid) Funded Residents 31.4 71.1 0.44 0.52 64. 4 0.49 68. 7 0.46 60. 5 Private Pay Funded Residents 54.3 13. 9 3.92 2.08 23.8 22. 0 26. 1 2. 28 2.47 Developmentally Disabled Residents 1. 3 0.00 0.9 0.00 0. 9 7. 6 0.00 0.0 0.00 Mentally Ill Residents 47.6 32. 5 1.46 27.3 1.74 32. 2 1.48 33. 8 1.41 General Medical Service Residents 0.0 20. 2 0.00 27.4 0.00 23. 2 0.00 19. 4 0.00 51. 2 49.3 Impaired ADL (Mean) 54. 5 52.6 1.04 1.06 51.3 1.06 1. 11 Psychological Problems 66. 7 48.8 1.37 52.4 1. 27 50. 5 1.32 51. 9 1. 28 Nursing Care Required (Mean) 7. 2 7. 1 7.3 0.97 6. 7 1. 07 0. 99 7. 3 0.97